Revision: HCFA-PM-91-4

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | South Caroli | na | |
|--------|--------------|----|---|
| State: | South Caroli | na | _ |

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

August 1991

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

| Family Size | Need Standard | Payment Standard | Maximum Payment Amounts |
|-------------|---------------|------------------|----------------------------|
| 1 | \$ 328 | | \$ 119 |
| 2 | 442 | | 160 |
| 3 | 555 | | 201 |
| 4 | 668 | | 242 |
| 5 | 782 | • | 283 |
| 6 | 895 | | 324 |
| 7 | 1008 | | 365 |

Continued at bottom of this page

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act, the income eligibility level is 185 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

| Family Size | Need Standard | Payment Standard | <u>Maximum Payment</u> <u>Amounts</u> |
|-------------|---------------|--|--|
| | | | |
| 8 | \$ 1122 | | \$ 407 |
| 9 | 1235 | | 448 |
| .10 | 1348 | | 489 |
| 11 | 1462 | | 530 |
| 12 | 1575 | | 571 |
| 13 | 1688 | | 612 |
| 14 | 1802 | | 654 |
| 15 | 1915 | | 695 |
| | | and the second s | |

| TN No. <u>MA 98-004</u> | <u></u> | alalad | | |
|-------------------------|---------------|---------|-----------------------|---|
| Supersedes | Approval Date | 21.1148 | Effective Date1/01/98 | _ |
| IN No. MA 95-017 | 7 | 1 1 | | |

Supplement 1 to Attachment 2.6-A Page 1 (a)

A.1. Continued

| Family Size | AFDC Need Standard | AFDC Payment Standard |
|-------------|-----------------------|--------------------------|
| 5 | 618 | \$295.00 |
| 6 | 707 | 337.00 |
| 7 | 796 | 380.00 |
| 8 | 885 | 423.00 |
| 9 | 974 | 465.00 |
| 10 | 1,063 | 508.00 |
| 11 | 1,152 | 550.00 |
| 12 | 1,241 | 593.00 |
| 13 | 1,330 | 635.00 |
| 14 | 1,419 | 678.00 |
| 15 | 1,508 | 720.00 |

NOTE: For family sizes over 15 add \$89 for each extra person to the Total Requirements/Need Standard for 15. To determine Gross Income Limit multiply by 1.85 and drop the cents. To determine Payment Standard/Award multiply by .478 and drop the cents.

TN No. MA 92-07
Supersedes Approval Date 6-4-92 Effective Date 1/01/92
TN No. N/A

Revision: HCFA-PM-92-1 FEBRUARY 1992

(MB)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

South Carolina

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

- 3. For children under Section 1902(a)(10)/(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

 (A)
- 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MA 92-07 Approval Date 6-4-92 Effective Date 1/01/92 Supersedes

TN No. MA 90-13

Revision: HCFA-PM-91-4 August 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____South Carolina

INCOME ELIGIBILITY LEVELS (Continued)

OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY В. LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (as revised annually in the Federal Register) for the size family involved).

TN No. MA 92-07

Approval Date 6-4-92 Effective Date 1/01/92 Supersedes

TN No. MA 90-04

HCFA ID:

7985E

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 (BPD) August 1991 Page 4 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: South Carolina INCOME ELIGIBILITY LEVELS (Continued) MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY В. LEVEL 2. Children Age 6 and Above The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(1)(2) of the Act are as follows: Based on _____ percent of the official Federal income poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MA 92-07
Supersedes Approval Date 6-4-92 Effective Date 1/01/92
TN No. MA 90-04

HCFA ID:

7985E

Revision: HCFA-Region IV

SUPPLEMENT 1 TO ATTACHMENT 2.6A

Page 4A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE SOUTH CAROLINA

D. INCOME ELIGIBILITY LEVEL - MANDATORY GROUP OF QUALIFIED DISABLED WORKING INDIVIDUALS

The income of Qualified Disabled Working Individuals will not exceed 200 percent of the Federal Poverty Level.

The revised federal poverty guidelines issued in February are implemented effective February 1.

TN No. 90-27
Supersedes Approval Date 10-25-90 Effective Date 7-1-90
TN No. NEW

Revision: HCFA-PM-92-1

(MB)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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February 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | South | Carolina | | | |
|--------|-------|----------|--|--|--|
|--------|-------|----------|--|--|--|

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty level (as revised annually in the Federal Register) for the size family involved.

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

Approval Date ___ Supersedes

6-4-92 Effective Date

1/01/92

HCFA ID:

7985E

TN No. MA 92-07

TN No. MA 90-24

SUPPLEMENT 1a TO ATTACHMENT 2.6A

State Plan Under Title XIX of the Social Security Act State: South Carolina

Supplement la to Attachment 2.6A.

Income Eligibility Levels - Institutionalized Individuals

Individual - \$1,221 *
Couple - \$2,442.**

* Medicaid Cap for an individual in an institution does not exceed 300 percent of the Supplemental Security Income Federal Benefit Rate for an individual.

** Each member's share of a couple's income does not exceed 300 percent of the Supplemental Security Income Federal Benefit Rate for an individual.

TN No. MA 91-02

SUPERSEDES

IN: No. MA 90-03

Approval Date:

4/16/91

Effective Date: 1/01/91

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A August 1991 Page 6 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: South Carolina INCOME ELIGIBILITY LEVELS (Continued) OUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL C. The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows: NON-SECTION 1902(f) STATES 1. Based on 100 percent of the official Federal income poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MA 92-07
Supersedes
TN No. N/A

Approval Date 6-4-92 Effective Date 1/01/92

HCFA ID: 7985E

| Revision | a: HCFA-PM-91-4 August 1991 | (BPD) | | SUPPLEMENT 1 TO ATTACH Page 7 OMB No.: 0938- | MENT 2.6-A |
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| | | N UNDER TITLE XI | X OF THE | SOCIAL SECURITY ACT | · |
| | <u>11</u> | COME ELIGIBILIT | Y LEVELS | (Continued) | |
| c. qt | VALIFIED MEDICARE | BENEFICIARIES WI | TH INCOM | MES RELATED TO FEDERAL | POVERTY LEVEL |
| 2. <u>SE</u> | CTION 1902(f) STA STRICTIVE THAN SS | TES WHICH AS OF | JANUARY | 1. 1989 USED INCOME ST | ANDARDS MORE |
| a. Ba | sed on the follow | ing percent of t | he offic | cial Federal income pove | erty level: |
| | | | | percent (no more | |
| Ef | f. Jan. 1, 1990: | ∠ 85 percent | <i>二</i> | percent (no more | than 100) |
| Ef | f. Jan. 1, 1991: | // 95 percent | <i></i> | percent (no more | than 100) |
| Eff. | Jan. 1, 1992: 100 | percent | | | |
| b. Leve | ls: Family S | <u>ize</u> | <u>Inc</u> \$ | ome Levels | |
| | _2 | | \$ | | |
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